SKILLED NURSING FACILITY				
TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE		
RESIDENTS IN COVERED PART A STAYS—SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM*				
Ambulance services, with the exception of specific exclusions	SNF bills FI or A/B MAC.  Independent ambulance company – Bill Carrier or A/B MAC.  SNF bundling requires that the SNF bill the FI or	Medicare Claims Processing Manual Chapter 6 Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual		
Other diagnostic or therapeutic services PT, OT, and SLP services Radiology services Lab tests Drugs, biologicals, supplies, appliances, and equipment used in a SNF (i.e., oxygen) including surgical dressings, orthotics, and prosthetics Room and board – Along with associated institutional care that the resident receives in connection with covered inpatient stay such as skilled nursing care, psychological services furnished by a CSW, services incident to the professional services of a physician or certain nonphysician providers, medical social services, and dietary counseling	A/B MAC for all services that are not specifically excluded.  Services that include both a technical and a professional component (i.e., certain diagnostic radiology procedures) –  Professional component – Servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.  Technical component – SNF bills FI or A/B MAC.	Chapters 6, 7, 13, and 16  Medicare Benefit Policy Manual Chapter 8		
Part A SNF PPS also applies to SNF-type services furnished in rural hospitals that have Medicare swing bed agreements; however, CAHs with swing beds are exempt from Part A SNF PPS (see Swing Bed Section on page 29 for additional information about swing beds)		Medicare Claims Processing Manual Chapters 3 and 6 Medicare Benefit Policy Manual Chapter 8		

<sup>\*</sup>If the beneficiary is in a covered Part A stay, preventive services are billed on TOB 22X since they are all Part B only services (see page 19 for additional information).

SKILLED NURSING FACILITY					
TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE			
SERVICES EXCLUDED FROM PART A SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM					
Services of physicians, other than PT, OT, and SLP services  Hospice care related to a terminal condition	Servicing provider, nonphysician practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.	Medicare Claims Processing Manual Chapter 6 Medicare Benefit Policy Manual Chapter 8			
<ul> <li>The following certain exceptionally intensive types of outpatient hospital services are not excluded when furnished in other, freestanding (nonhospital) settings:</li> <li>Cardiac catheterization, emergency, and angiography services</li> <li>CT scans</li> <li>MRIs</li> <li>Radiation therapy</li> <li>Ambulatory services involving use of a hospital operating room</li> <li>Lymphatic and venous procedures</li> </ul>	If furnished in a hospital – Bill FI or A/B MAC.  Otherwise, services are not separately payable.	Medicare Claims Processing Manual Chapter 6 Medicare Benefit Policy Manual Chapter 8			
Part B dialysis services EPO for certain dialysis patients	<b>Renal dialysis facility</b> – Bill FI or A/B MAC; if furnished in the SNF, bundled to PPS payment.	Medicare Claims Processing Manual Chapters 6 and 7			
Services of physicians or certain nonphysician providers at RHCs or FQHCs	<b>Professional component</b> – Bill FI or A/B MAC.	Medicare Claims Processing Manual Chapter 6			

SKILLED NURSING FACILITY			
TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE	
RESIDENTS IN NON-COVERED STAYS OR	DUTPATIENTS*		
Diagnostic X-ray tests, including portable X-ray tests Diagnostic lab tests	<b>Technical component, if furnished by (or under arrangements made by) SNF</b> – SNF bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 7 and 13	
Other diagnostic tests	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.		
	Some radiological procedures are excluded from SNF PPS.		
Lab tests	Services furnished by (or under arrangements made by) SNF – SNF bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 7 and 16	
	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.		
DME	Bill as a supplier to DME MAC. However, Part B does not cover DME furnished to SNF residents during non-covered stays, as a SNF cannot be considered a patient's "home" for this purpose.	Medicare Claims Processing Manual Chapters 7 and 20	
	SNF must qualify and enroll as a supplier with the NSC in order to bill DME MAC for DMEPOS.		
Orthotic and prosthetic devices Supplies	Services furnished by (or under arrangements made by) SNF – SNF bills FI or A/B MAC.	Medicare Claims Processing Manual Chapter 7	
	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.		
Part B PT, OT, or SLP services	SNF bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 5 and 6	
	For beneficiaries that are in a non-covered stay, therapies must be billed by the SNF.	Medicare Benefit Policy Manual Chapter 15	

<sup>\*</sup>For beneficiaries in a non-covered stay or outpatients, services may be billed by the SNF on TOB 22X or 23X or by the servicing provider, practitioner, or supplier.

SKILLED NURSING FACILITY				
TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE		
RESIDENTS IN NON-COVERED STAYS OR OUTPATIENTS*				
Ambulance services	Services furnished by (or under arrangements made by) SNF – SNF bills FI or A/B MAC.  Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.	Medicare Claims Processing Manual Chapter 6		
Drugs and biologicals, including immunosuppressive drugs for renal transplant patients	Services furnished by (or under arrangements made by) SNF – SNF bills FI or A/B MAC.  Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.	Medicare Claims Processing Manual Chapter 7		
Audiologic function tests	Services furnished by (or under arrangements made by) SNF – SNF bills FI or A/B MAC.  Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.	Medicare Claims Processing Manual Chapter 7		
Screening colonoscopies	Not covered when furnished in a SNF.	Medicare Claims Processing Manual Chapter 7		

<sup>\*</sup>For beneficiaries in a non-covered stay or outpatients, services may be billed by the SNF on TOB 22X or 23X or by the servicing provider, practitioner, or supplier.

SKILLED NURSING FACILITY				
TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE		
PREVENTIVE SERVICES—SKILLED NURSING FACILITY PART B FOR RESIDENTS IN A COVERED PART A STAY				
DSMT	Part A residents – SNF bills FI or A/B MAC on TOB 22X.	Medicare Benefit Policy Manual Chapter 15		
Screening mammography services	<b>All others</b> – Services furnished by (or under arrangements made by) SNF, SNF bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 7, 13, 18, and 32		
Pelvic screening exams  Cardiovascular screening tests	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.	Medicare Benefit Policy Manual Chapter 15		
Diabetes screening tests	During a non-covered SNF stay – Per CB rules			
Screening Pap tests	only PT, OT, and SLP services are required to be billed by the SNF to FI or A/B MAC.			
IPPEs – Effective January 1, 2007, includes AAA screening for at risk beneficiaries	<b>Non-therapy services</b> – SNF bills only services furnished by (or under arrangements made by) the			
Vaccinations	SNF itself.			
Colorectal cancer screenings – Screening colonoscopies are not covered when furnished in a SNF				
Prostate cancer screenings				
BMMs				
Glaucoma screenings	ALL PROVIDER TYPES – No separable technical			
Smoking and tobacco-use cessation counseling services	component.			